



Commonwealth of Virginia

Department of Medical Assistance Services

Medicaid Information Technology Architecture (MITA) Roadmap



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Virginia Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Contact: Frank Guinan
Frank.Guinan@dmass.virginia.gov
804-371-6453

DMAS MITA ROADMAP

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DMAS MITA ROADMAP

1. Overview

The strategic initiatives and objectives identified in the recently completed State Self-Assessment (SS-A) served as input to this MITA Roadmap. As documented in the SS-A, DMAS is committed to move towards and potentially achieve a Level 3 capability level in each of the following:

- Business Architecture
- Information Architecture
- Technical Architecture
- Seven Standards and Conditions

This Roadmap identifies several initiatives that are targeted to advance DMAS capabilities as described in the MITA 3.0 Framework. The overall timeframe for this MITA Roadmap is the 5 year period beginning July 1, 2015. A key driver for this Roadmap is identifying the enhancements and systems that can be included in the upcoming procurement to replace the MMIS as we move to a Medicaid Enterprise System (MES), and then realized with the implementation of the systems and services identified in the resultant RFPs. The implementation of the MES is anticipated to be July 1, 2018.

However, prior to implementing the replacement MMIS, DMAS will address several key projects as enhancements to the current system. In addition, other initiatives not included as part of the initial replacement MMIS will be targeted to be addressed in the 2 year period following the implementation.

This MITA 3.0 Roadmap will provide a foundation for the detailed project and module descriptions required for future Advance Planning Documents (APDs) requesting federal funding.

DMAS MITA Roadmap Overview

	2015	2016		2017		2018		2019		2020
	July - Dec	Jan - June	July - Dec	Jan - June	July - Dec	Jan - June	July - Dec	Jan - June	July - Dec	Jan - June
Changes To Current MMIS										
Changes in Replacement MMIS										
Changes to New MES										

2. Changes to Current MMIS: July 1, 2015 – June 30, 2018

DMAS has initiated and planned several projects over the next three years. These enhancements will be made to the current MMIS.

2.1 Eligibility & Enrollment

Project	HIT and E&E
Description	Enterprise Technical Infrastructure and Member Eligibility & Enrollment Modernization projects
Timeframe	11/2009 – 01/2017
Goals & Objectives	<p>The eHHR Program was designed to promote and manage health information technology (HIT) and enterprise projects in coordination with federal and Virginia direction in order to improve healthcare and human services. The program was initiated to transform Virginia's IT infrastructure into an integrated system, based on Service Oriented Architecture (SOA) and the Medicaid Information Technology Architecture (MITA). Implementing SOA technology and the MITA framework enables the collection, aggregation, and sharing of data among agencies and localities, thereby eliminating unnecessary efforts, streamlining work flows, and ensuring cleaner data for all participating agencies. The inter-secretariat collaboration improves the quality of service delivery. Workers within various agencies and provider organizations can take a collective approach to meeting the needs of clients, including the ability to link to potential programs for clients based on demographics. Accurately identifying clients across multiple systems reduces the potential for fraud and abuse and enables resources to be directed toward the right clients for the right cost.</p> <p>The eHHR technology vision provides a unified physical enterprise architecture that can support multiple logical program needs. Agencies can connect to the Enterprise Service Bus (ESB) and access real-time information according to their agency-unique business rules and work flows. All participating systems will feed person/organization information into the Enterprise Data Management (EDM) tool in order to exchange data.</p> <p>The primary goals were compliance with federal initiatives including the following:</p> <ul style="list-style-type: none"> -Used MITA direction to guide all compliance efforts. -Complied with the American Recovery and Reinvestment Act (ARRA). Although not formally within eHHR Program scope, the State Medicaid HIT Plan (SMHP) and the Virginia provider incentive program was put into operation in parallel with efforts to set up the Virginia HIE (ConnectVirginia) and the initiation of the eHHR Program when PPACA became law. -Complied with the Patient Protection and Affordable Insurance Act (PPACA) across multiple state agencies. Virginia's legacy E&E systems (multiple) needed to be replaced in order to meet CMS requirements. Currently, most of Medicaid/CHIP related work is either complete or near completion in FFY2015.

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	Virginia did meet the PPACA date mandate of 10/1/2013 using the Federally Facilitated Marketplace.
Project Management Plan	<p>The program consisted of a number of projects whose scope and budget were defined through both HIT and E&E APDs that were approved by CMS.</p> <p>A Program Oversight Committee was created for governance to include principals of key secretariats and agencies. Additionally an enhanced Memorandum of Understanding (e-MOU) has been created that all interested agencies can become party to, if they intend to share data in the Commonwealth. This is modeled after federal and state agreements being utilized for health information exchange data sharing. Further, enterprise data governance was revitalized at the Virginia Information Technologies Agency (VITA) through the HIT Standards Advisory Committee (HITSAC) resulting in formal adoption by the COV of a number of national/international standards and vocabularies (HL7, NEIM, X12, SNOMED, LOINC etc).</p> <p>The eHHR Program will formally close at the end of CY2015 as its goals and objectives have been completed.</p>
Project Budget	\$200M
Business Processes / Architectures Impacted	<p>Determine Member Eligibility (EE01), Enroll Member (EE02), Disenroll Member (EE03), Inquire Member Eligibility (EE04)</p> <p>Introduced Service Oriented Architecture (SOA)</p>

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2.2 ICD-10

Project	ICD-10
Description	Accept ICD-10 diagnosis and procedure codes
Timeframe	Go Live 10/1/2015
Goals & Objectives	<ol style="list-style-type: none"> 1. Updates to systems and operations that are required to implement the following code sets: <ol style="list-style-type: none"> a. ICD-10-CM Diagnosis Codes b. ICD-10-PCS Procedure Codes 2. Updates to systems and interfaces to accommodate changes listed above. The following systems will be updated: <ol style="list-style-type: none"> a. Virginia MMIS b. Virginia Executive Support System (ESS) c. Virginia Web Portal – Claims DDE d. Virginia Integrated Voice Response (IVR) and Automated Response System (ARS), if needed e. Pharmacy Data Warehouse f. All inputs to the MMIS including DDE and data entry for paper forms if necessary, will be remediated to handle ICD-10 data. 3. Installation and testing of ICD-10 compliant versions of the following third party software: <ol style="list-style-type: none"> a. 3M – APR-DRG grouper 4. Integration and testing of ICD-10 compliant versions of the following third party software: <ol style="list-style-type: none"> a. 3M – EAPG grouper b. McKesson – ClaimCheck 5. Updates to Fiscal Agent Operations procedures, forms, processes, and applications as needed to support the system changes listed above. 6. Training provided to those impacted by system and operational changes, including: <ol style="list-style-type: none"> a. Fiscal Agent Operations staff b. MMIS users c. DMAS users 7. Updates to documentation
Project Management Plan	The project scope and budget was defined through an APD that was approved by CMS. A work order was given to the Fiscal Agent and a project schedule was developed. Project status was tracked through weekly status meetings. The standard DMAS-IM project methodology was followed for communications, risk management, change management, and execution and control.
Project Budget	\$13M
Business Processes / Architectures	Process Claims (OM07), Process Encounters (OM29), Manage Data (OM28)

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2.3 T-MSIS

Project	T-MSIS
Description	Implement the CMS mandated Transformed Medicaid Statistical Information Systems
Timeframe	03/01/2014 – 12/31/2016
Goals & Objectives	<p>The purpose of T-MSIS is to collect, manage, analyze, and disseminate information on eligibles, beneficiaries, providers, utilization and payment for services covered by State Medicaid programs. CMS seeks to receive Medicaid and CHIP data on a monthly basis in a standardized format from states in order to better conduct its required program oversight, program administration and program integrity responsibilities.</p> <p>CMS implementation approach includes:</p> <ul style="list-style-type: none"> • Moving the current quarterly transmission of data submissions to monthly • Define required data elements, documented within the T-MSIS data dictionary • Define criteria, in collaboration with the states for successful submission • Define data across operational areas: beneficiaries, eligibles, providers, claims, and encounters • An Agile development approach and will be reflected in a Work Break Down Structure. <p>The VAMMIS Executive Support System (ESS) provides the Commonwealth of Virginia Medicaid program with a solid data warehouse foundation for reporting and analytical capabilities. ESS will provide the T-MSIS data feed to CMS. This data will be transformed and sent to CMS monthly in a standardized format in order for CMS to better provide program oversight, program administration, and program integrity responsibilities. ESS will transfer T-MSIS data to VAMMIS SAS.</p> <p>The VAMMIS mainframe system will be enhanced to provide extraction of data to the ESS system. Mainframe data to support new T-MSIS data files will be FTP'd to ESS.</p>
Project Management Plan	The project scope and budget was defined through a Statement of Work (SOW) that was written by Xerox and approved by DMAS. A work order was given to the Fiscal Agent and a project schedule was developed. Project status was tracked through weekly status meetings. The standard DMAS-IM project methodology was followed for communications, risk management, change management, and execution and control.
Project Budget	\$850,000 - \$1.3M
Business Processes / Architectures Impacted	Manage Data (OM28)

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2.4 DBHDS Waiver Management System

Project	WaMS
Description	Implement a Waiver Management System
Timeframe	10/15 – 01/17
Goals & Objectives	<p>In the 2015 bi-annum the general assembly passed legislation to change the VA Code §37.2-100 that governs the work and responsibility of the DBHDS to change the definition of developmental disability to the federal definition of the Association on Intellectual and Developmental Disabilities (AIDD) . This change will be effective July 1, 2015.</p> <p>The redesigned system has one eligibility criteria, adds flexibility and choice in services in the areas of community living, employment, and integrated day services. It also ensures that the rates paid have a direct correlation to the level of supports needed. It is imperative that the Commonwealth's service system offer fair rates of payment for the services being provided. The amended waivers are designed to meet the specific needs of persons with I/DD with a restructured payment and performance models based on a sound methodology to more equitably fund supports that are indeed customized. A formal rate study was conducted by the national firm of Burns & Associates, Inc.</p> <p>The redesign will also support the Commonwealth of Virginia's compliance efforts with the Department of Justice Settlement Agreement, which focuses on supporting individuals with I/DD in the most integrated community setting. Today, Virginia serves approximately 11,500 individuals per year with appropriate home and community-based services in the amount, duration and frequency that will allow the individual to live as independently as possible in the community; the waiting list for a waiver is approximately 9,900. The published Waiver Rate Expenses for FY 2014 were \$679,780,511. In coordination with the Virginia DMAS, the Virginia DBHDS must integrate processing functionality and data exchanges for the amended waivers into an online consolidated system in order to facilitate and support case management and the waiver re-design processes and new rate methodology.</p>
Project Management Plan	<p>The project scope and budget will be defined through an APD that will be submitted to CMS for approval. The project will be conducted using the State project management methodology. The project phases have been defined as follows.</p> <p>Phase I - Initiation, Analysis and Design – Project objectives are established. Specifications are created and design walkthroughs are conducted. Business subject matter experts as well as technical support resources discuss alternatives to meet business and operational requirements. Technical solutions and options are presented to stakeholders and design decisions are made.</p> <p>Phase II - Systems Development and Testing: The business/ technical support staff configures / develops the agreed upon solutions that meet the</p>

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	<p>specification requirements. Various test plans are developed and executed to include unit, systems, acceptance, operational readiness testing, disaster and recovery tests, and data migration testing. Both external and internal training is conducted.</p> <p>Phase III – Implementation: Production readiness is conducted for first rollout phase (Residential and Day-Support). Cutover for first phase. SMEs will validate for any discrepancies.</p> <p>Phase IV – Post-Implementation: Production readiness is conducted for second roll-out phase (In-Home and Group Employment) and third rollout phase (Sponsored-Living). Data Migration to support these areas and refresher training will be conducted. Cutover for second and third rollout phases. SMEs will validate for any discrepancies.</p> <p>Phase V - Project Closeout: All rollout plans are executed and includes back out and contingency procedures, available if necessary, and outlines full transition to a production host environment. A period of validation of expected performance and maintenance ensures project closeout.</p>
Project Budget	\$5M
Business Processes / Architectures Impacted	Establish Case (CM01), Manage Case Information (CM02), Perform Screening and Assessment (CM05), Manage Treatment Plan and Outcomes (CM06), Authorize Service (CM08), Authorize Treatment Plan (CM09), Determine Member Eligibility (EE01)

2.5 Health Plan ID

Project	Health Plan ID
Description	Implement the National Health Plan Identifier
Timeframe	TBD
Goals & Objectives	<p>Enhance the MMIS to support and utilize the National Health Plan ID in lieu of the proprietary carrier IDs.</p> <p>The project will be scheduled to conform to any mandated implementation dates and operating rules. HHS has published the Final Rule on administrative data standards simplification and requirements to adopt a unique standard Health Plan Identifier (HPID) for use in HIPAA standard transactions effective Nov. 7, 2016, pending the “operating rules” of the transactional use .</p>
Project Management Plan	The project scope and budget will be defined through an APD that will be submitted to and approved by CMS. A work order will be given to the Fiscal Agent and a project schedule developed. Project status will be tracked through weekly status meetings. The standard DMAS-IM project methodology will be followed for communications, risk management, change management, and execution and control.
Project Budget	TBD
Business Processes / Architectures Impacted	Manage TPL Recovery (FM02), Manage Data (OM28)

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2.6 Contract Management

Project	Contract Management
Description	Implement a Contract Management System
Timeframe	01/01/2016 – 06/30/2016
Goals & Objectives	Evaluate products that are available in the market that meet the needs of the Agency, support the business processes defined by MITA, and provide a cost-effective solution.
Project Management Plan	Procure and implement a software product that is designed to support the processes related to Contractor Management to standardize related activities, reporting, and provide a single source of information to manage and monitor the contracts and contractors across the Agency. A RFP will be written to describe our technical requirements and allowed options, as well as the project management requirements. When a solution is selected, a project plan will be developed by the vendor and monitored by the DMAS PMO.
Project Budget	\$50,000 - \$150,000
Business Processes / Architectures Impacted	Manage Contractor Information (CO01), Inquire Contractor Information (CO04), Manage Contractor Communication (CO02), Perform Contractor Outreach (CO03), Manage Contractor Grievance and Appeal (CO09), Produce Solicitation (CO05), Award Contract (CO06), Manage Contract (CO07), Close Out Contract (CO08)

2.7 LTC Managed Care

Phase I

Project	Managed Long Term Care Services & Supports- Phase I
Description	Mandatory Medicaid Managed Care Coverage for CCC Opt Outs
Timeframe	Begins 7/1/16-12/31/17 (or until the demonstration ends)
Goals & Objectives	<ul style="list-style-type: none"> Transition approximately 37,000 CCC eligible individuals who have chosen not to participate in CCC into a mandatory managed care program for Medicaid services. Includes Medicaid primary and acute, LTSS, and behavioral services coordinated by a CCC health plan (Anthem, Humana and Virginia Premier). <ul style="list-style-type: none"> Allows the health plans to provide care coordination on a continuous basis versus brief periods of opt-in/opt-out enrollment elections Better care coordination could lead to better health outcomes Allows the member to see the program benefits (coordinated care, value added services, enhanced benefits, 24 hour nurse line, etc.)
Project Management Plan	<p>The project will be initiated as a special release. The requirements have been drafted and sent to Xerox. Xerox will develop an impact statement based on a review of the requirements. After approval, this establishes the scope and budget and a project plan and schedule will be developed.</p> <p>Project status will be tracked through weekly status meetings. The standard DMAS-IM project methodology will be followed for communications, risk</p>

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	management, change management, and execution and control.
Project Budget	TBD by impact statement
Business Processes / Architectures Impacted	Business Results condition

Phase II

Project	Managed Long Term Care Services & Supports- Phase II
Description	Managed Long Term Services & Supports
Timeframe	Begins 7/1/17
Goals & Objectives	<ul style="list-style-type: none"> • Transition approximately 70,000 eligible individuals, including duals not eligible for CCC and individuals receiving LTSS (institution or HCBS waiver) into coordinated care. • Includes primary and acute, LTSS, and behavioral services. The health plans will be selected through a competitive procurement process. • Serves two general populations: <ul style="list-style-type: none"> • Duals excluded from the current CCC demonstration program (children, excluded regions, and select individuals receiving home and community based waiver services) • Non-duals receiving LTC services in institutions and the 6 home and community based care waivers • Choice of at least 2 plans; participation is mandatory <ul style="list-style-type: none"> • The health plans will be selected through a competitive procurement process
Project Management Plan	<p>The project will be initiated as a special release. The requirements have been drafted and sent to Xerox. Xerox will develop an impact statement based on a review of the requirements. After approval, this establishes the scope and budget and a project plan and schedule will be developed.</p> <p>Project status will be tracked through weekly status meetings. The standard DMAS-IM project methodology will be followed for communications, risk management, change management, and execution and control.</p>
Project Budget	TBD by impact statement
Business Processes / Architectures Impacted	Business Results condition

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2.8 SAS Upgrade

Project	SAS Upgrade
Description	Migrate all of DMAS/XEROX SAS functionality to VITA-hosted solution
Timeframe	01/6/2015 – 10/30/2016
Goals & Objectives	Incorporate MITA 3.0 framework into the DMAS information architecture to align with MITA requirements to enhance business process transparency, automation, and consistency. DMAS is upgrading the current PC based SAS footprint to an enterprise analytics one. The scope of the project will enable the organization with a spectrum of tools that will enhance DMAS's capacity to standardize analyses and engage in automated, dynamic reporting complete with user driven options to "slice and dice" the data.
Project Management Plan	Sole source procurement will be pursued with SAS to obtain SAS software, training, and other professional services. A parallel procurement is pursued with VITA NG for setting up the hardware and infrastructure set up. The plan will be executed in two phases. Phase –I will be Infrastructure set up to be completed by end of 2015. Phase – II is Data Migration to be completed by 10/25/2016. Both phases include comprehensive communication plan, training plans, testing plans, migration plans, implementation plans, user acceptance testing, performance benchmarking.
Project Budget	\$3,396,636
Business Processes / Architectures Impacted	Technical Architecture, Information Architecture

2.9 Business Process Modeling

Project	Business Process Modeling
Description	Create Business Process Models that document DMAS's business process
Timeframe	07/01/2015 – 6/30/2016
Goals & Objectives	<p>Create a central repository of all business processes, collaboratively analyze, drive out inefficiencies, and improve business operations.</p> <p>As part of the SOA (service-oriented architecture) investment, DMAS has purchased IBM tools that support business process management. We would like DMAS to start using the new tool and documenting all the DMAS business processes so that a consistent documentation can be created and maintained for years to come. Also, this will be an opportunity to study various business processes that are outdated and obsolete and fine tune our productivity.</p> <p>Other objectives include:</p> <ul style="list-style-type: none"> • Vendors and our own staff will benefit immensely if the business processes are documented to the level of detail that will not require too much hand holding. • Once we have the documentation in the tool, we can retire the use of ICE (internal system) and have one repository for the agency irrespective of

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	<p>whether the processes are contracted out or maintained as in-house functions.</p> <ul style="list-style-type: none"> • In the future, any changes being requested can immediately be recognized whether it impacts multiple contracts and/or systems and takes the dependence on Subject Matter Experts' (SMEs) undocumented knowledge out of the equation. • This documentation can be our permanent resident in our procurement library for future RFPs to come. • This repository can be used by process analysts to help architect optimal workflow solutions in the future.
Project Management Plan	<p>Implementation of a software solution that captures all of DMAS's process flows, maintains a procurement library, and includes configuration plan of COTS packages.</p> <p>We will prioritize the processes so that those needed by the MES vendors are documented first.</p> <p>This will be a joint IM and business operations project that will require staff augmentation to complete.</p>
Project Budget	TBD
Business Processes / Architectures Impacted	It would provide a structure to DMAS's documentation of As-Is business processes and support identifying changes to improve our capabilities in the new MES.

2.10 Oracle Financials Upgrade

Project	Oracle Financials Upgrade
Description	Upgrade Oracle Financials from version 11.i to 12.2
Timeframe	07/15 – 06/16
Goals & Objectives	<p>Upgrade the Oracle E-Business Suite from 11.i to 12.2; this will ensure that DMAS is operating with the supported version (12.2) of Oracle E-Business suite. The runtime environment of this application will be upgrade from windows 2003 (32 bit) to Linux (64 bit), this will alleviate the issues related to storage and improve performance.</p> <p>Leverage the in-built work flows in the upgraded version of Oracle E-Business suite to automate business processes.</p>
Project Management Plan	<p>An Internal Service Request (ISR) will be created to initiate the project. An impact analysis will be performed to finalize the scope, requirements and budget.</p> <p>Based on the approved scope and budget, a project schedule that defines activities, deliverables, and milestones will be developed and followed.</p>

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	Project status against the schedule will be tracked through weekly status meetings. The standard DMAS-IM project methodology will be followed for communications, risk management, change management, and execution and control.
Project Budget	\$400,000
Business Processes / Architectures Impacted	Manage Provider Recoupment (FM01), Manage TPL Recovery (FM02), Manage Estate Recovery (FM03), Manage Contractor Payment (FM09), Generate Financial Report (FM19)

2.11 Appeals

Project	Appeals Software Implementation
Description	Implement Case and Document Management System for Appeals Division
Timeframe	
Goals & Objectives	<p>The Appeals Division is charged with the management of thousands of provider and client appeals yearly. These appeals have statutory deadlines which must be tightly adhered to. Appeals create various large documents which must be stored securely for years, but shared in a secure manner.</p> <p>The Appeals Division will implement a COTS software product from an experienced developer of legal system work flows that can integrate document storage with each Appeal within the system. It must also securely receive Appeal applications from the internet.</p> <p>The COTS product must be able to run on the Agency's existing Oracle database and web server infrastructure.</p>
Project Management Plan	<p>The Appeals Division has unique requirements to manage its legal work flows. There are no existing COTS products to meet these needs. A vendor has been identified that provides a combination of software and custom development uniquely matched for this specific business problem. A Sole Source Procurement will be used to acquire the desired solution.</p> <p>The Appeals Division developed some 70 detailed requirements that were used to define the scope and cost of the solution.</p> <p>Based on the approved scope and budget, a project schedule that defines activities, deliverables, and milestones will be developed and followed.</p> <p>Project status against the schedule will be tracked through weekly status meetings. The standard DMAS-IM project methodology will be followed for communications, risk management, change management, and execution and control.</p>
Project Budget	\$475,000
Business Processes / Architectures Impacted	Manage Member Grievance and Appeal (ME08), Manage Provider Grievance and Appeal (PM07)

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2.12 Intrastate Data Transfers

Project	Intrastate Data Transfers
Description	Establish a single secured medium to exchange intrastate data
Timeframe	7/1/2015 – 12/31/2017
Goals & Objectives	The goal is to simplify the data sharing process and build strong partnerships with other state agencies. The objective is to build a communication/workflow model that can be repetitive and transparent both internally across the agency as well as with intra-state agencies. The idea is to clearly define ownership so that when data needs are identified, coordination between multiple teams is an effortless process. Additionally, the intent is to establish a single secured medium to exchange data. This will enable the agency to better protect PHI data.
Project Management Plan	<p>DMAS will build the first model in collaboration with Department of Behavioral Health (DBHDS). This will be the pilot project and the model established will be extended to other state agencies.</p> <p>The internal process at DMAS is evaluated and the current state process is documented. The team is currently working on the future state process and will get inputs from customer (DBHDS) before the plan is executed. Internal employee training and change management will be included in the overall implementation plan.</p>
Project Budget	TBD
Business Processes / Architectures Impacted	Technical solution will be embraced in conjunction with business process reengineering to make the process effective and efficient.

3. Changes in MMIS Replacement: July 1, 2018

There are several major initiatives that DMAS plans to undertake through the procurement and implementation of an MMIS replacement, which will align with the CMS vision for a new Medicaid Enterprise System (MES). The objectives and requirements for these initiatives will be documented in a Request for Proposal (RFP).

The projected implementation date for the new MES is expected to be July 1, 2018 however the exact implementation date for each change will be determined based on the requirements of the respective RFP. The Timeframe for these changes are noted as being ultimately dictated by the resulting contract.

Similarly the Project Budget for these initiatives is given as 'To Be Determined' since the cost will not be known until vendor proposals are received. It is also noted that depending on how the enhancements are bundled in the RFPs, the cost for a specific item may not be able to be determined.

3.1 Financial Management

Project	Financial Management in the MES
Description	Procure a stand-alone Financial Management solution
Timeframe	Implement with new MES in accordance with contract
Goals & Objectives	<p>Eliminate the current interfaces between the financial and accounting systems and generate all payments in a single system. Capture all MMIS-related payments in the financial system so that any new sources of payment information should be able to be easily addressed.</p> <p>The stand-alone Financial system will include and support:</p> <ul style="list-style-type: none"> • Performing payments from a single system, • Using a data warehouse to support all cycles of financial expenditure reporting, including replicating MARS reporting, and • Budget maintenance processes.
Project Management Plan	A stand-alone Financial Management solution procured through a separate RFP. The requirements will be defined in the RFP. The RFP will be written to describe our business needs and allowed options, but not require any specific solution. The RFP will also define project management requirements. When a solution is selected, a project plan will be developed by the vendor and monitored by the DMAS PMO.
Project Budget	TBD
Business Processes / Architecture Impacted	The solution will potentially impact all of the Financial Management business processes (FM01-FM19) as well as Generate Remittance Advice (OM14) and Prepare Provider Payment (OM28).

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3.2 Pharmacy Benefit Management

Project	PBM in MES
Description	Procure a Pharmacy Benefit Management (PBM) as part of the MES
Timeframe	Implement with new MES in accordance with contract
Goals & Objectives	<p>DMAS wants to address a number of factors that directly impact the Pharmacy program, including:</p> <ul style="list-style-type: none"> • The continuing migration of Virginia Medicaid membership from FFS to Managed Care with a high penetration of managed care membership (over 75%) across acute care and long-term care programs. • The ability/flexibility of a pharmacy program to adapt to changes which may include shrinking membership, the addition of unique benefit packages for complex populations and a possible Medicaid expansion population upwards of 400,000 new Medicaid adults. • The aggregation of MMIS and pharmacy services transactions to leverage the business opportunity for potential bidders and minimize administrative costs of multiple contracts. <p>By procuring PBM services through a separate contract from the MMIS (FFS), DMAS expects to:</p> <ul style="list-style-type: none"> • Sharper focus of bidders around pharmacy services capabilities. • Improve business opportunity for market leaders with innovative and market-leading technology and business processes. • Greater procurement flexibility by looking at PBM only vendors relative to PBM capabilities. • Increased options regarding implementation schedule due to modular approach.
Project Management Plan	A stand-alone Pharmacy Benefit Management solution procured through a separate RFP. The requirements will be defined in the RFP. The RFP will be written to describe our business needs and allowed options, but not require any specific solution. The RFP will also define project management requirements. When a solution is selected, a project plan will be developed by the vendor and monitored by the DMAS PMO.
Project Budget	TBD
Business Processes / Architectures Impacted	Process Claims (OM07), Process Encounters (OM29), Manage Drug Rebate (FM04)

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3.3 Managed Care

Project	Managed Care in MES
Description	Enhance Encounter Processing
Timeframe	Implement with new MES in accordance with contract
Goals & Objectives	<p>Develop and operate an encounter processing system that meets the following business requirements:</p> <ul style="list-style-type: none"> • Support three primary goals for the encounter data: completeness, accuracy, and timeliness. • Balance DMAS' reporting needs for clean 'analytic' encounter with the operational need to maintain the integrity of the data as submitted by the MCOs. DMAS must be able to accept MCO encounter data without manipulating or changing the data as it is submitted by the MCO, but at the same time we need to be able to recognize and correct true data errors. • Protect the integrity of DMAS reporting by preventing 'bad' encounter data from ever getting into the DMAS reporting data store. • Allow transmission and processing of encounter on a timely basis, with no restrictions on encounter submission frequency and volume. DMAS encounter processing must be very reliable and consistent. • Support enforcement of encounter data standards and quality through contract metrics and compliance enforcement. The encounter system must support the business efforts by accurately identifying the issues and providing MCOs and business users with the information, tools, and technical support required for enforcement. • Provide editing that is consistent with DMAS business needs and is executed through a rules engine.
Project Management Plan	A stand-alone encounter processing solution will be procured through a separate RFP. The requirements will be defined in the RFP. The RFP will be written to describe our business needs and allowed options, but not require any specific solution. The RFP will also define project management requirements. When a solution is selected, a project plan will be developed by the vendor and monitored by the DMAS PMO.
Project Budget	TBD
Business Processes / Architectures Impacted	Process Encounters (OM29)

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3.4 Provider Hub

Project	Provider Portal in MES
Description	Procure a Provider Portal as part of the MES
Timeframe	Implement with new MES in accordance with contract
Goals & Objectives	<p>Provide a provider hub that reflects a substantial redesign of the current provider portal, includes FFS, MCO, and ASO provider networks, other ancillary contractors that providers interact with, such as KePro and LogistiCare, a conversion from provider class types to the Healthcare Provider Taxonomy Code Set, full intrastate interoperability, and the capability to interface with a Health Insurance Exchange (HIX). This approach will be MITA 3.0 Level 3 compliant and will be flexible enough to achieve Level 4 compliance in the future.</p> <p>The provider hub should integrate provider enrollment, eligibility and other administrative functions from all managed care entities, administrative services only, and other entities.</p> <p>The objectives of the provider hub include:</p> <ul style="list-style-type: none"> • Achieve Federal initiative of a provider-centric approach • Automated response system for HIPAA transactions • Easy access to policy information • Effective communications with providers • Improved customer-service for providers • Automated enrollment and credentialing for all • Integration with Health Insurance Exchange (HIX) whether Federal or state • Intrastate and Interstate exchange of information • Consistency in enrollment (convert from class types to a national taxonomy) • Compliance with the Seven Conditions and Standards • A MITA-aligned delivery approach • A single sign-on that would allow all provider to access any FFS, MCO or ASO tools for submitting claims, enrolling provider, etc. • Role/Organization based security so providers would only be able to access their information. • Ease of enrollment verification • Streamlining the appeals process • Visibility to Health Professional Shortage Areas within the Commonwealth.
Project Management Plan	A Provider Portal solution will be procured through a Fee-for-Services or separate RFP. The requirements will be defined in the RFP. The RFP will be written to describe our business needs and allowed options, but not require any specific solution. The RFP will also define project management requirements. When a solution is selected, a project plan will be developed by the vendor and monitored by the DMAS PMO.
Project Budget	TBD
Business Processes / Architectures Impacted	Determine Provider Eligibility (EE05), Enroll Provider (EE06), Disenroll Provider (EE07), Inquire Provider Information (EE08), Manage Provider Information (PM01), Terminate Provider (PM08), Manage Provider Communication (PM02),

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	Manage Provider Grievance and Appeal (PM07), Perform Provider Outreach (PM03)
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3.5 Member Portal

Project	Member Portal in MES
Description	Procure a Member Portal as part of the MES
Timeframe	Implement with new MES in accordance with contract
Goals & Objectives	<p>Provide a DMAS hosted Medicaid centric member portal. This would encompass an initial public facing site with secure sign-on for member specific data. Additionally, a link to DSS for Medicaid/FAMIS application would be included.</p> <p>Additional objectives include:</p> <ul style="list-style-type: none"> • Members can obtain consistent and comprehensive program information • Information available will be robust and tailored to public facing portal and secure sign-on for existing members • Data specific to the member will be presented • DMAS will have control of web site data, look and feel and be able to make changes quickly • Reduced call center volume.
Project Management Plan	A Member Portal solution will be procured through a Fee-for-Services RFP. The requirements will be defined in the RFP. The RFP will be written to describe our business needs and allowed options, but not require any specific solution. The RFP will also define project management requirements. When a solution is selected, a project plan will be developed by the vendor and monitored by the DMAS PMO.
Project Budget	TBD
Business Processes / Architectures Impacted	Inquire Member Eligibility (EE04), Inquire Provider Information (EE08), Manage Member Information (ME01), Manage Applicant and Member Communication (ME02), Manage Member Grievance and Appeal (ME08), Perform Population and Member Outreach (ME03)

3.6 Ancillary Applications

Project	Ancillary Applications
Description	Enhance DMAS's Auxiliary applications
Timeframe	Implement with new MES accordance with contract
Goals & Objectives	Automation of business operations as identified by MITA 3.0 framework to promote efficient and accurate business processes.
Project Management Plan	Based on a decision of build, buy, or hybrid a project management plan will be developed once it follows through the RFP process. The requirements will be defined in the RFP. When a solution is selected, a project plan will be developed by the vendor and monitored by the DMAS PMO.
Project Budget	TBD
Business Processes /	Business Architecture – business processes will be automated based on the

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Architectures Impacted	applications that are implemented
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3.7 Data Warehouse

Project	Data Warehouse
Description	Procure a Data Warehouse as part of the MES
Timeframe	Implement with new MES in accordance with contract
Goals & Objectives	<p>For DMAS to fulfill its goal of providing a system of high-quality and cost-effective health care services, the Agency must cultivate the ability to collect and analyze its data. Understanding our data is critical to running our business processes more efficiently, controlling our costs, creating better and more innovative programs, and providing better service to our enrollees. While it is important for any Agency to exercise control over its data assets and actively govern data management, it is very important for DMAS because the volume and scale of programs and data are anticipated to increase almost in tandem with changes in Federal requirements regarding Medicaid system standards. Warehousing data provides the opportunity to manage data in a standardized, professional and optimized environment. It is the foundation block for organizing data so that information can be derived in a consistent, verifiable and timely manner. The Agency needs to have control over its data but, instead of focusing exclusively on the volume of data that the Agency needs to manage, we should shift our focus and attempt to understand how the data can help improve business processes and add value. We believe that the data warehouse solution is the best way for the Agency to accomplish improved business operations through data integration, creation of data quality standards, data and business process documentation, creation of a repeatable framework, and increased security. The data warehouse would enable us to:</p> <ul style="list-style-type: none"> • Collect data from multiple sources into a single database • Overcome many of the problems of working with large data files, complex queries and long running processes • Maintain an audit trail with historical information about modifications to data elements, data processes and data flow • Combine data from multiple source systems, creating a single, unified view across the entire Agency • Improve data quality by providing consistent codes and descriptions • Present the Agency's information with consistency • Provide a common data structure for all data regardless of its source • Present the data in ways that make sense to business users.
Project Management Plan	A Data Warehouse solution will be procured through a separate RFP. The Agency will seek a solution that integrates public domain and commercial-off-the-shelf (COTS) software, with enough flexibility to allow for current business processes to gradually evolve towards alignment with MITA standards. The solution will include data governance, user training, and staff education opportunities. The service provider and Agency staff will collaborate to develop

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	<p>the data warehouse, implement business processes and maintain the Agency's data assets. The service provider will assume responsibility to ensure compliance with MITA and other CMS regulations.</p> <p>The specific requirements will be defined in the RFP. The RFP will be written to describe our business needs and allowed options, but not require any specific solution. The RFP will also define project management requirements. When a solution is selected, a project plan will be developed by the vendor and monitored by the DMAS PMO.</p>
Project Budget	TBD
Business Processes / Architectures Impacted	<p>Manage Data (OM28), Develop Agency Goals and Objectives (PL01), Maintain Program Policy (PL02), Manage Health Plan Information (PL04), Manage Performance Measures (PL05), Manage Health Benefit Information (PL06)</p> <p>Information Architecture</p>

3.8 Technical Architecture – SOA

Project	Technical Architecture - SOA
Description	Implement Service Oriented Architecture to support the MES
Timeframe	Implement with new MES in accordance with contract
Goals & Objectives	Leverage DMAS's current investment in IBM's SOA suite products with a vision to develop/implement the future development efforts for the Medicaid Enterprise System (MES) as rules based, modularized, highly decoupled, service oriented software solution to align with MITA 3.0.
Project Management Plan	A SOA solution will be procured through a separate RFP. The requirements will be defined in the RFP. The RFP will be written to describe our technical requirements and allowed options, as well as the project management requirements. When a solution is selected, a project plan will be developed by the vendor and monitored by the DMAS PMO.
Project Budget	TBD
Business Processes / Architectures Impacted	Technical Architecture

4. Changes after MES Implementation: July 1, 2018 – June 30, 2020

DMAS has focused its attention on near term projects as well as identifying requirements for procuring a Medicaid Enterprise Solution (MES). There are currently no specific enhancements planned beyond those that have been identified for the new MES. However, the following general items will be reviewed at a later date to determine if specific changes should be identified.

- Integration of the Commonwealth Authentication Service (CAS)
- Increased Federal data sharing as prescribed in higher MITA business process
- Collection and use of Clinical data.

This list will be expanded as new items are identified. Inevitably some features or functions will be proposed that are not included in the MES RFPs due to schedule, cost, priorities, and other factors. As such items are discussed and deferred they should be added to this list for future consideration and evaluation.

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5. Overall Plan

The following Gantt chart provides an anticipated high-level schedule for each of the specific projects identified in the Roadmap.

DMAS MITA Roadmap Detail

	2015	2016	2017	2018	2019	2020
	July - Dec	Jan - June	July - Dec	Jan - June	July - Dec	Jan - June
Changes To Current MMIS						
Eligibility & Enrollment						
ICD-10						
T-MSIS						
DBHDS						
Health Plan ID			(estimated)			
Contract Management						
LTC Managed Care						
SAS Upgrade						
Business Process Modeling						
Oracle Financials Upgrade						
Appeals						
Intrstate Data Transfers						
Changes in Replacement MMIS						
Financial Management						
Pharmacy Benefit Management						
Managed Care						
Provider Hub						
Member Portal						
Ancillary Applications						
Information Architecture						
Technical Architecture						
Changes to New MES						